

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * <b>DUNBAR SCOTT</b> (Last) (First) (Middle) <b>13170 TELFAIR AVENUE</b> (Street) <b>SYLMAR, CA 93142</b> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <b>03/30/2021</b>	3. Issuer Name and Ticker or Trading Symbol <b>SECOND SIGHT MEDICAL PRODUCTS INC [EYES]</b>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>Acting CEO</b>	5. If Amendment, Date Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

### Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,383	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrants	03/06/2017	03/14/2024	Common Stock	935	\$ 11.76	D	
Stock Options	03/01/2013	03/01/2022	Common Stock	775 (1)	\$ 40	D	
Stock Options	04/01/2015	04/01/2024	Common Stock	937 (1)	\$ 40	D	
Stock Options	09/26/2015	09/26/2024	Common Stock	5,305 (1)	\$ 72	D	
Stock Options	03/25/2016	03/25/2025	Common Stock	625 (1)	\$ 104.72	D	
Stock Options	01/21/2017	01/21/2026	Common Stock	1,151 (1)	\$ 32.8	D	
Stock Options	01/18/2018	01/18/2027	Common Stock	2,500 (1)	\$ 13.84	D	
Stock Options	04/02/2018	01/02/2028	Common Stock	2,500 (2)	\$ 16.08	D	
Stock Options	02/23/2019	01/23/2029	Common Stock	4,100 (3)	\$ 6.52	D	
Stock Options	03/12/2020	02/12/2030	Common Stock	4,125 (3)	\$ 5.98	D	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other

DUNBAR SCOTT 13170 TELFAIR AVENUE SYLMAR, CA 93142			Acting CEO	
--	--	--	------------	--

## Signatures

/s/ Scott Dunbar		04/08/2021
<small>Signature of Reporting Person</small>		<small>Date</small>

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Options are fully vested and exercisable
- (2) The stock options have a 10-year term and vest over four years from the grant date in equal quarterly installments, subject to continuous employment, such that the total number of shares shall be fully vested on the four-year anniversary of the transaction date.
- (3) The stock options have a 10-year term and vest over four years from the grant date in equal monthly installments, subject to continuous employment, such that the total number of shares shall be fully vested on the four-year anniversary of the transaction date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.